

FILE NUMBER	POSITION	INITIALS	ID NO.	DATE
	<b>FEES DETERMINATION</b>			
	<b>O.I.P.E. CLASSIFIER</b>			
	<b>FORMALITY REVIEW</b>	101	1019	6/13/01 10/27/01
	<b>RESPONSE FORMALITY REVIEW</b>	NH	617	10-18-01

## INDEX OF CLAIMS

Rejected N Non-elected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

Claim	Final	Original	Date
1	101	101	6/13/01
2	102	102	5/31/01
3	103	103	8/27/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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